PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 20 PM 1:09

DOCUMENT # P99000101503

1. Corporation Name EMME's PLACE INC.

07/17/00 900507 044 150.00

2. Principal Office Address	3. Mailing Office Address
233 W. LANTANA Rd	233 W. LANTANA Rd
Suite, Apt. #, etc. 41	Suite, Apt. #, etc.
City & State LANTANA FL	City & State LANTANA FL
Zip 33462 Country USA	Zip 33462 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-17-99

5. FEI Number 65-0956121 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: STEPHEN F. JANKUN

Street Address (P.O. Box Number is Not Acceptable): 233 W. LANTANA Rd

Suite, Apt. #, Etc.:

City: LANTANA State: FL Zip Code: 33462

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-06/21/01--01037-001
****810.00 ****750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent STEPHEN JANKUN
REGISTERED AGENT MUST SIGN

Date 6-25

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	STEPHEN F. JANKUN	233 W. LANTANA Rd	LANTANA, FL 33462
VP	DOUGLAS F. TODD	2448 DOUGLASS AV	DELRAY BCH, FL 33444

REINSTATEMENT 00-01
SP

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: STEPHEN F. JANKUN June-01 561-547-9487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #